

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 30, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90037 028 \*\*\*138.75

<b>DOCUMENT # L07000086287</b>					
<b>1. Entity Name</b> THE PARTY SHOP LLC					
<b>Principal Place of Business</b> 1503 GILMORE RD. CENTURY, FL 32535 US			<b>Mailing Address</b> 1503 GILMORE RD. CENTURY, FL 32535 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04242008    Chg-LLC    CR2E083 (12/06)	
<b>4. FEI Number</b> 26-0795417				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$5.00 Additional Fee Required				<b>6. Name and Address of Current Registered Agent</b>	
UNITED STATES CORPORATION AGENTS, INC. 13302 WINDING OAKS BLVD SUITE A-100 TAMPA, FL 33612-3425				<b>7. Name and Address of New Registered Agent</b>	
Name: Lisa Jones				Street Address (P.O. Box Number is Not Acceptable)	
1503 Gilmore Road				City: Century    FL    Zip Code: 32535	
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE:				DATE: 4/24/08	
(NOTE: Registered Agent signature required when re-registering)				FILE NOW!!! FEE IS \$138.75 After May '1, 2008 Fee will be \$538.75	
Make check payable to Florida Department of State				<b>9. MANAGING MEMBERS/MANAGERS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JONES, LISA 1503 GILMORE RD. CENTURY, FL 32535	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>10. ADDITIONS/CHANGES</b>					
TITLE    NAME    STREET ADDRESS    CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE    NAME    STREET ADDRESS    CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE    NAME    STREET ADDRESS    CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE    NAME    STREET ADDRESS    CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE    NAME    STREET ADDRESS    CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE    NAME    STREET ADDRESS    CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.</b>					
SIGNATURE:				DATE: 4/24/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date    Daytime Phone #	